

NORTH VERMILLION SCHOOL CORPORATION

Dear Parent/Guardian,

The Indiana State Department of Health maintains an immunization registry entitled Children and Hoosiers Immunization Registry Program (CHIRP). Chirp allows all health care providers within the state of Indiana to enter immunization data as a method of electronic documentation. Recently, the Indiana Department of Education mandated that all schools within the state of Indiana utilize CHIRP to document annual reports. Schools are required to submit these immunization reports to maintain accreditation. Your permission is being requested to submit the immunization status of your child. The Indiana Department of Education attorney Dana Long, collaborating with the Indiana State Department of Health, has prepared the consent at the bottom. If you have any questions, please call Gina Byrum, RN at 765-492-7010. Thank You.

I, _____, give the North Vermillion School Corporation, permission to release the following information concerning my child _____ to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

STUDENT'S FULL NAME, DATE OF BIRTH, IMMUNIZATION DATE, AND SCHOOL IN ATTENDANCE

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

Signature

Date

Printed Name of Parent or Guardian

Address

() _____
Telephone Number

Child's Name

Grade Level

School



Indiana Education for Homeless Children & Youth (INEHCY)

McKinney-Vento Homeless Education Program

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: North Vermillion Community School Corporation

Name of School: North Vermillion Elementary

Name of Student: _____
Last First Middle

Gender: Male Female (optional)
Date of Birth: ____/____/____ Grade: _____ ID#: _____
Month-Day-Year (preschool-12)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date: _____



NORTH VERMILLION ELEMENTARY SCHOOL

5585 North Falcon Drive
Cayuga, IN 47928

Mrs. Kara Porter, Principal
Mr. Brian Byrum, Superintendent

Phone (765) 492-7010
Fax (765) 492-7017

Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered once, upon initial enrollment in Indiana, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the LAS Links placement test will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the student? _____
2. What language(s) is spoken most often by the student? _____
3. What language(s) is spoken by the student in the home? _____

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____

Date: _____

Last Name _____

DOB _____

First Name _____

SSN _____

Middle Name _____

Mailing Address _____

Nick Name _____

Physical Address _____

Phone _____

Grade _____

County _____

Teacher _____

Township _____

Email _____

(Student) _____

Cell Phone _____

Bus _____

Number _____

Alt Bus _____

Birth Place _____

Sex Male Female

Race American Indian or Alaskan Native

Hispanic

Black not of Hispanic Origin

White not of Hispanic Origin

Asian or Pacific Islander

Multiracial - check all that apply

Guardian Information

Guardian Father Foster Parent Grand Parent Mother Other Parents

Email _____

Text Messaging _____

Address _____

Responsible for _____

Book Fees _____

Guardian (If other than parent)

Last Name _____

First Name _____

Address _____

Cell Phone _____

Phone _____

Father

Last Name _____

First Name _____

Address _____

Phone _____

Cell Phone _____

Guardian Employer

Employer _____

Address _____

Work _____

Phone _____

Paternal Employer

Employer _____

Address _____

Work _____

Phone _____ Ext _____

Pager _____

Mother

Last Name _____

First Name _____

Address _____

Phone _____

Cell Phone _____

Maternal Employer

Employer _____

Address _____

Work _____

Phone _____

Ext _____

Pager _____

Emergency Contact Information

	Last Name	First Name	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Physician Information

Physician _____

Phone _____

Health Concerns _____

Sibling Information

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



NORTH VERMILLION COMMUNITY SCHOOLS
Cayuga, IN



www.northvermillion.com

Falcon Family,

Hearing is important to your child's ability to learn and progress at school. Indiana state law requires schools to screen students in First, Fourth, Seventh, and 10th grades. Law additionally requires all newly enrolled students to receive hearing screens which includes Kindergarteners and students new to the North Vermillion Community School Corporation (NVCSC).

Hearing screening may take place any date school is in session. Hearing screening is a very simple procedure and will take only a few minutes.

- If you **DO NOT** want your child to participate in the screening, please sign below for exemption.
- If you are completing online registration and **DO NOT** want your child to participate in the screening, please print and complete this form, then return it to your child's school office within 10 days of school starting.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

No report will be sent home if your child passes the hearing screening. If the screening results indicate your child may have a hearing problem, the results will be shared with you. If you have any questions about the hearing screening process or wish to talk with school personnel, please contact Abigail Burcham, NVCSC Speech-Language Pathologist via email aburcham@nvc.k12.in.us or call 765-492-7010.

Thank you for your attention to this matter!

Abigail Burcham, MA, CCC-SLP
Speech-Language Pathologist
North Vermillion Community School Corporation
Email: aburcham@nvc.k12.in.us
School Office: (765) 492.7010